Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURE			O. BOX 130, Jackson, 1913 3920	33 0130			
AGENCY NAME Mississippi Department of Revenue		,	CONTACT PERSON Stephanie Rogers		TELEPHONE NUMBER 601-923-7190		
ADDRESS Post Office Box 1033			CITY Jackson		STATE MS	ZIP 39215	
EMAIL stephanie.rogers@dor.ms.gov	SUBN DATE 4/11	•	Name or number of rule(s): Title 35, Part X, Chapter 04				
Short explanation of rule/amendment providing guidance as to the requirem							
Specific legal authority authorizing the	pror	mulgation of ru	ale: Miss. Code Ann. § 57-73-7	25.			
List all rules repealed, amended, or su	spen	ded by the pro	posed rule: Title 35, Part X, Ch	napter 04			
ORAL PROCEEDING:							
 ✓ An oral proceeding is scheduled for Commission, 3881 Eastwood Drive, Ja ✓ Presently, an oral proceeding is no 	kson	n, MS 39211		<u>m.</u> Pl	ace: <u>Mississip</u>	pi Library	
If an oral proceeding is not scheduled, an oral p ten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email ad- comment period, written submissions including ECONOMIC IMPACT STATEMENT:	hould lude t ress, a	be submitted to t he name, address and telephone nur	he agency contact person at the abov , email address, and telephone numbe mber of the party or parties you repre	e address withi er of the persor sent. At any tir	n twenty (20) day n(s) making the re me within the twe	s after the filing of this quest; and, if you are a enty-five (25) day public	
Economic impact statement not re	quire	ed for this rule.	☐ Concise summary of e	conomic im	pact statemen	t attached.	
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify): Proposed file X 30 days			esed: rule(s) al of existing rule(s) tion by reference al effective date: ays after filing (specify):	FINAL ACTION ON RULES Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify):			
Printed name and Title of person a Signature of person authorized to			ules:Stephanie Rogers			_	
OFFICIAL FILING STAMP		DO NOT	WRITE BELOW THIS LINE		OFFICIAL FILING STAMP		
*			APR 1 1 2012 INISSISSIPPI RETARY OF STATE			e last	
Accepted for filing by		0	er filling by CR 18671E	<u> </u>	for filing by		